



Connecticut Department of Public Health

**Testimony Presented Before the
Committee on Planning and Development**

March 21, 2014

**Commissioner Jewel Mullen, MD, MPH, MPA
860-509-7101**

**House Bill 5580 – An Act Concerning The Pesticide Advisory Council, The
Recommendations Of The Emergency Medical Services Primary Service
Area Force And The Elimination Of A Municipal Mandate**

The Department of Public Health (DPH) would like to provide the following information regarding Sections 4 through 8 of House Bill 5542, which pertain to the recommendations of the Emergency Medical Services Primary Service Area Task Force.

The Primary Service Area (PSA) system in Connecticut has remained relatively unchanged for the last quarter century. The current system no longer consistently serves the needs of the State, and is in need of modernization to address the Emergency Medical Services (EMS) challenges that face Connecticut today. Such modernization, however, also must preserve the “safety net” features of our existing system that assure the EMS needs of our citizens are met.

Presently, DPH can remove a Primary Service Area Responder (PSAR) in limited circumstances, as outlined in General Statutes 19a-181c. Such circumstances include when a municipality alleges and DPH finds that an emergency exists that threatens the public’s “health, safety or welfare,” when a municipality alleges and DPH finds that a PSAR has failed to meet pre-established performance standards or when the Commissioner determines it is in the best interest of patient care.

House Bill 5580 would make significant changes to the PSA system.

- Section 4 of the bill requires the DPH, at least once every five years, to review a municipality’s EMS plan and the primary service area responder's provision of services under the plan. Upon the conclusion of such evaluation, the department shall assign a rating of "meets performance standards", "exceeds performance standards" or "fails to comply with performance standards" for the primary service area responder. DPH may require any primary service area responder that is assigned a rating of "fails to comply with performance standards" to meet the requirements of a performance improvement plan developed by the department. Such primary service area responder may be subject

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to subsequent performance reviews or removal as the municipality's primary service area responder for a failure to improve performance.

- Section 5 of the bill amends the removal of responder process in 19a-181c to provide a clear definition of “emergency” and permits DPH to remove a primary service area responder if DPH determines that the responder has demonstrated unsatisfactory performance, as defined in the bill.
- Section 6 of the bill permits a municipality to petition DPH to hold a hearing if the primary service area responder (PSAR) fails to deliver services in accordance with the local EMS plan.
- Section 7 requires a primary service area responder to notify DPH prior to the sale or transfer of more than fifty per cent of its ownership interest or assets and requires the person who intends to obtain ownership or control of a primary service area responder in a sale or transfer to submit an application for approval by DPH.
- Section 8 would permit any municipality to submit a local emergency medical services plan to the Department of Public Health for the alternative provision of primary service area responder responsibilities. The plan could be submitted for any of the following purposes: (1) providing improved patient care; (2) delivering efficient emergency medical services; (3) allocating resources more efficiently; (4) aligning with a new emergency medical services provider better suited to meet the community's current needs; (5) regionalizing services; or (6) improving response times. Section 8 would further require DPH to conduct a hearing regarding such plan. In order to determine whether to approve or disapprove such plan, the commissioner would consider relevant factors, including, but not limited to: (1) The impact of the plan on patient care; (2) the impact of the plan on emergency medical services system design, including system sustainability; (3) the impact of the plan on the local, regional and state-wide emergency medical services system; and (4) the recommendation from the medical oversight sponsor hospital. If DPH approves the plan, the primary service area could be reassigned accordingly, once the new responder has applied for a PSA through the Department.

It is important to note that DPH would require additional resources to implement the provisions of this bill, specifically those that pertain to the proposed review of all EMS organization’s local EMS plans on an ongoing basis and the grading of said plans as well as the increase that will be seen in municipalities requesting removal of their PSA provider. To implement Sections 4 through 7 of the bill, DPH estimates the need for two additional staff persons – e.g. Health Program Assistants – for a total of \$109,580.00. Regarding the implementation of Section 8, DPH anticipates the investigations will be complex and multi-faceted. Each request made by a municipality would require both a thorough investigation of the facts by the OEMS and also an evidentiary hearing under Chapter 54 of the General Statutes. As such, it is anticipated that

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DPH would require an additional Special Investigator and a Hearing Officer to implement the provisions of Section 8. DPH estimates the costs of these employees to be \$157,900.00. These required resources are not included in either the enacted budget or the Governor's recommended midterm adjustments.

Sections 4 through 7 of House Bill 5580 give DPH significant additional latitude in overseeing and monitoring the PSA system and to address issues of service delivery before critical issues evolve into emergencies. Section 8 of the bill reflects an issue of great debate during PSA Task Force meetings. The Task Force included a recommendation regarding the alternative provision of primary service area responder responsibilities on this issue in its report (See Connecticut Emergency Medical Services Primary Service Area Task Force Final Report, Recommendation #5) but the recommendation was based on a narrow majority vote, not consensus as were the Task Force's other recommendations. At this juncture DPH believes the four consensus recommendations represented by Sections 4 through 7 of this bill would provide municipalities with immediate and appropriate mechanisms to remove an underperforming PSAR provider. DPH further believes that, given the lack of consensus and the additional fiscal impact, that Section 8 should be deleted to allow implementation of the additional four recommendations and evaluation of their effectiveness in mitigating municipal concerns.

DPH also has several technical concerns regarding the language of the bill. If this bill moves forward, DPH respectfully requests the ability to work with the committee to address these issues.

Thank you for your consideration of the Department's views on this bill.